Breaking the wall of cancer immunotherapy with immunogenic cell death induction

Lewis Green^{1,2}, Muhammad Hanif¹, Joanna Mathy², Rod Dunbar², Christian Hartinger¹.

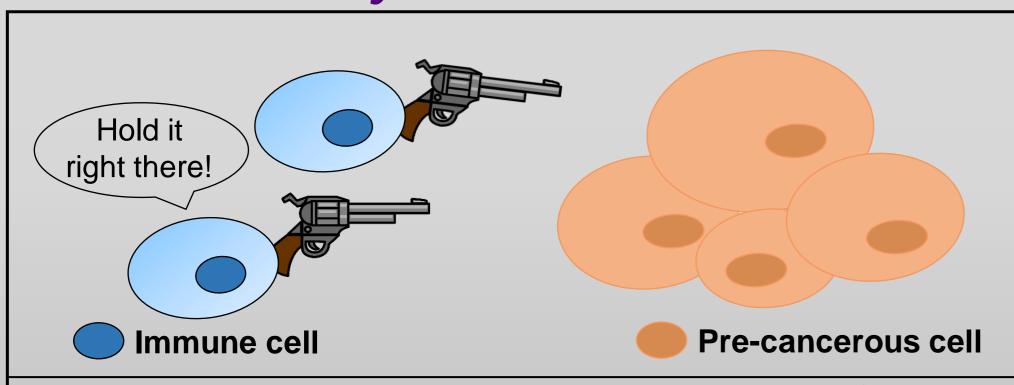
¹School of Chemical Sciences and ²School of Biological Sciences, University of Auckland Private Bag 92019, Auckland 1142, New Zealand.

Email: Igre467@aucklanduni.ac.nz

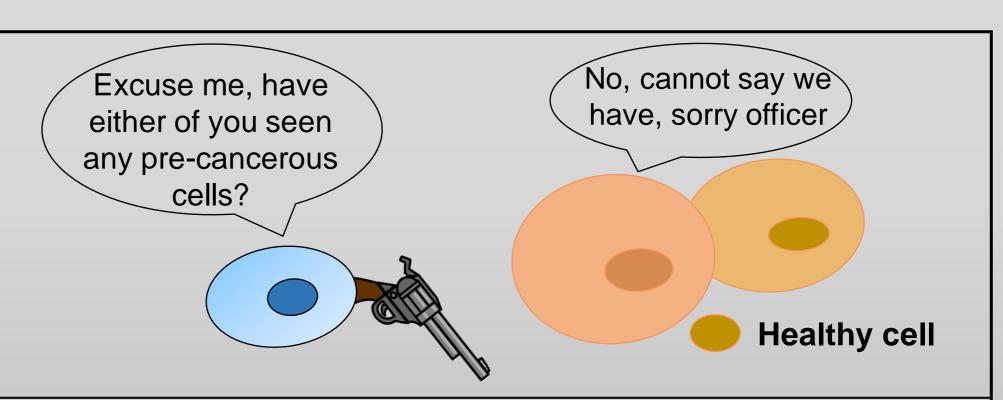
Introduction

Cancer remains one of the leading causes of death in Aotearoa New Zealand, with disparities in 5-year survival rates across cancer types alarming. 1,2 Melanoma, breast (female) and testicular cancer have 5-year survival rates of at least 80%.2 Meanwhile, lung, liver and pancreatic cancer have 5-year survival rates of less than 15%.2 These statistics paint two pictures. If you are diagnosed with one cancer type there is hope. Receive another diagnosis and you are hopeless. To provide a greater chance of survival for cancer patients we must continue to develop innovative modalities of treatment. Chemotherapeutics have been a mainstay in treatment for decades, and 21st century thinking is to explore their potential in immunotherapy.

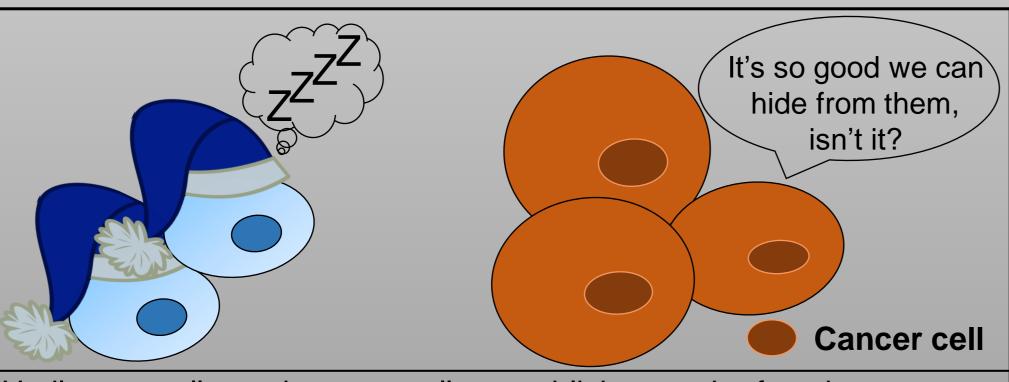
The Immune System vs. Cancer



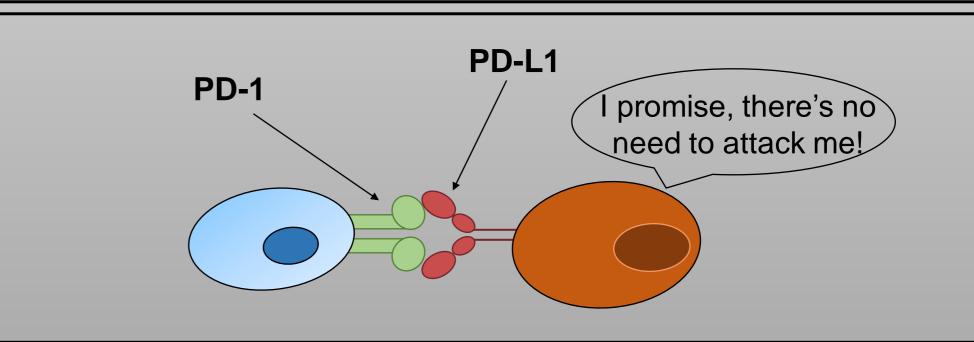
To begin with, our immune cells are relatively good at identifying precancerous cells and taking them out.3



However, as a cell acquires more mutations it becomes harder to tell a pre-cancerous cell apart from a healthy cell.3



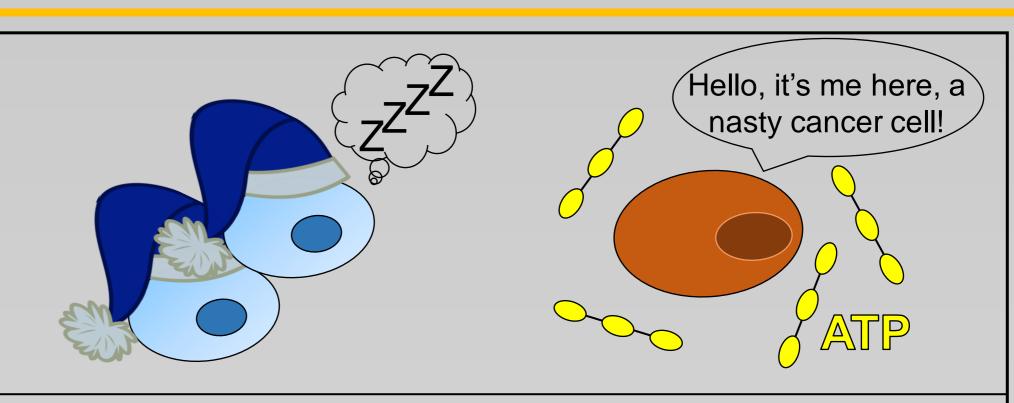
Until eventually our immune cells are oblivious to the fact that cancer cells are present in our body.3



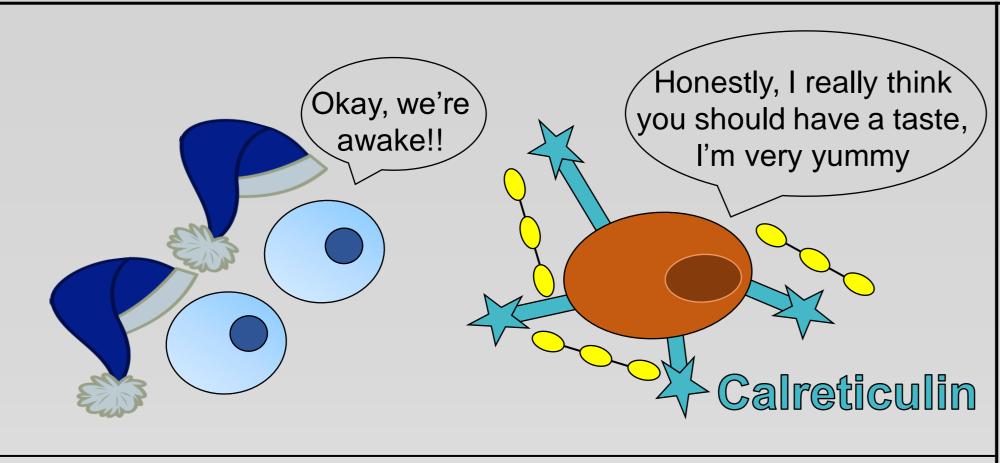
On the off chance a cancer cell is recognised, it can stop an attack by sending inhibitory signals from its programmed death-ligand 1 (PD-L1) to the programmed death-1 (PD-1) protein found on immune cells.4

The Project – Reawakening Immune Cells

Immunotherapies, such as the monoclonal antibody pembrolizumab, have been developed to overcome the PD-1/PD-L1 mechanism.5 However, objective response rates are low, with only 20-40% of patients receiving any therapeutic benefit.⁵ To drastically increase the number of patients that respond, we need to reawaken our immune cells. We can make a cancer cell do this job for us by treating it with a chemotherapeutic to induce a process known as immunogenic cell death (ICD).6



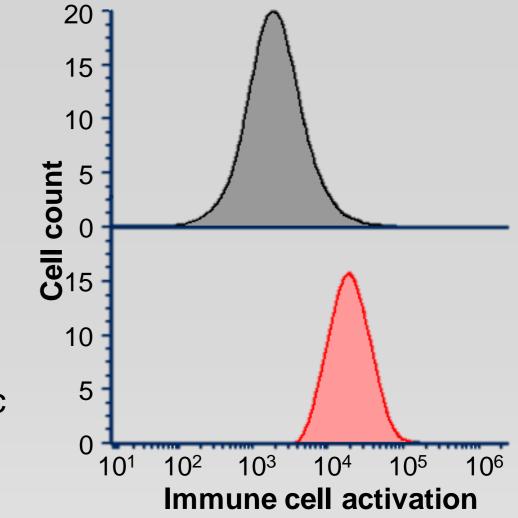
Damage that occurs during ICD leads to the release of adenosine P) from the cell which acts as a 'find me' signal.⁵ But triphosphate (A this alone is not enough



Another hallmark ICD damage-associated pattern is the cell surface expression of calreticulin (CALR) which acts as an 'eat me' signal.⁵

The histogram on the right shows that we can effectively activate immune cells towards the presence of cancer by treating the cancer cells with a chemotherapeutic and forcing them to undergo immunogenic cell death.

Without chemotherapeutic With chemotherapeutic



The Project Goals

- Investigate a library of anticancer agents and identify novel compounds which induce immunogenic cell death in a range of cancer cell types.
- Investigate the ability for cancer cells undergoing chemotherapy induced immunogenic cell death to initiate a robust immune response
- Synthetically optimise lead compounds to increase their viability as future clinical immunotherapy agents.

References

- Cancer. The Ministry of Health, 2020. https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/cancer (accessed 29th August).
- Hauora, M. o. H.-M. Cancer Patient Survival: 1994 to 2011; Wellington: Ministry of Health Manatu Hauora 2015
- Vesely, M. D.; Kershaw, M. H.; Schreiber, R. D.; Smyth, M. J., Natural innate and adaptive immunity to cancer. Annual review of immunology 2011, 29, 235-271.

Sharma, P., Hu-Lieskovan, S., Wargo, J.A., and Ribas, A. (2017). Primary, adaptive, and acquired resistance to cancer immunotherapy. Cell 168, 707-723. Galluzzi, L.; Buqué, A.; Kepp, O.; Zitvogel, L.; Kroemer, G., Immunogenic cell death in cancer and infectious disease. Nature Reviews Immunology 2017, 17 (2), 97.

Acknowledgments

We would like to thank the University of Auckland for a UoA Doctoral Scholarship to L.P.M.G. and the HRC for a Sir Charles Hercus Fellowship to M.H.